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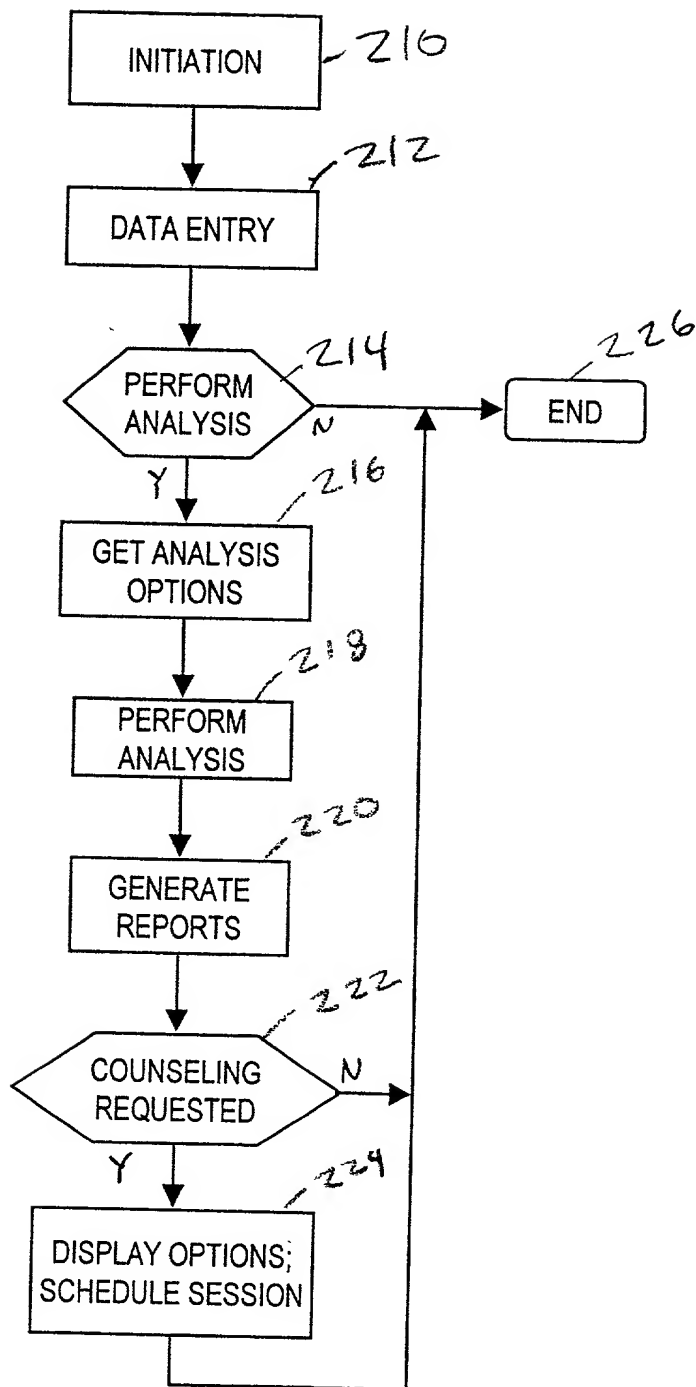


FIG 2

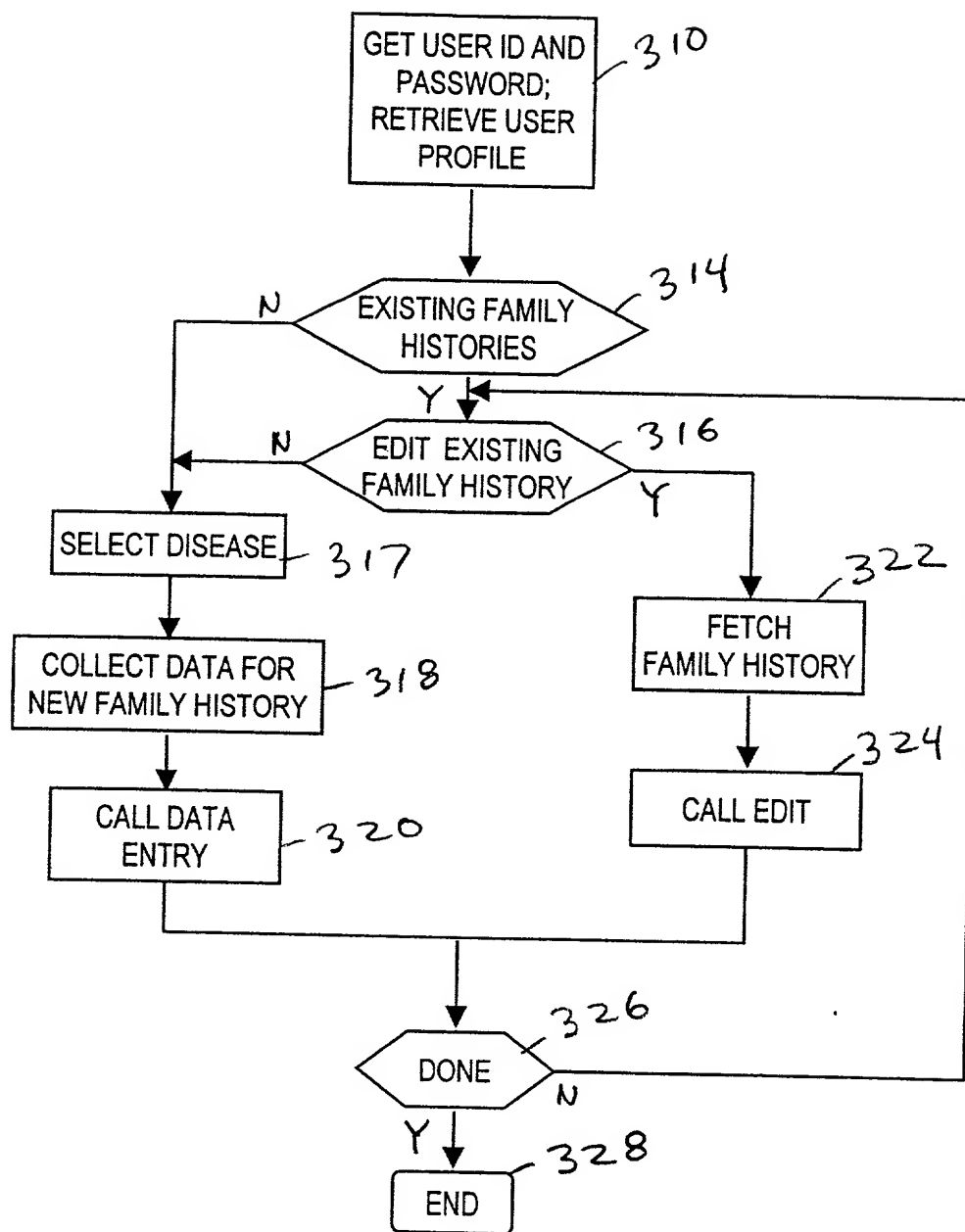


FIG 3

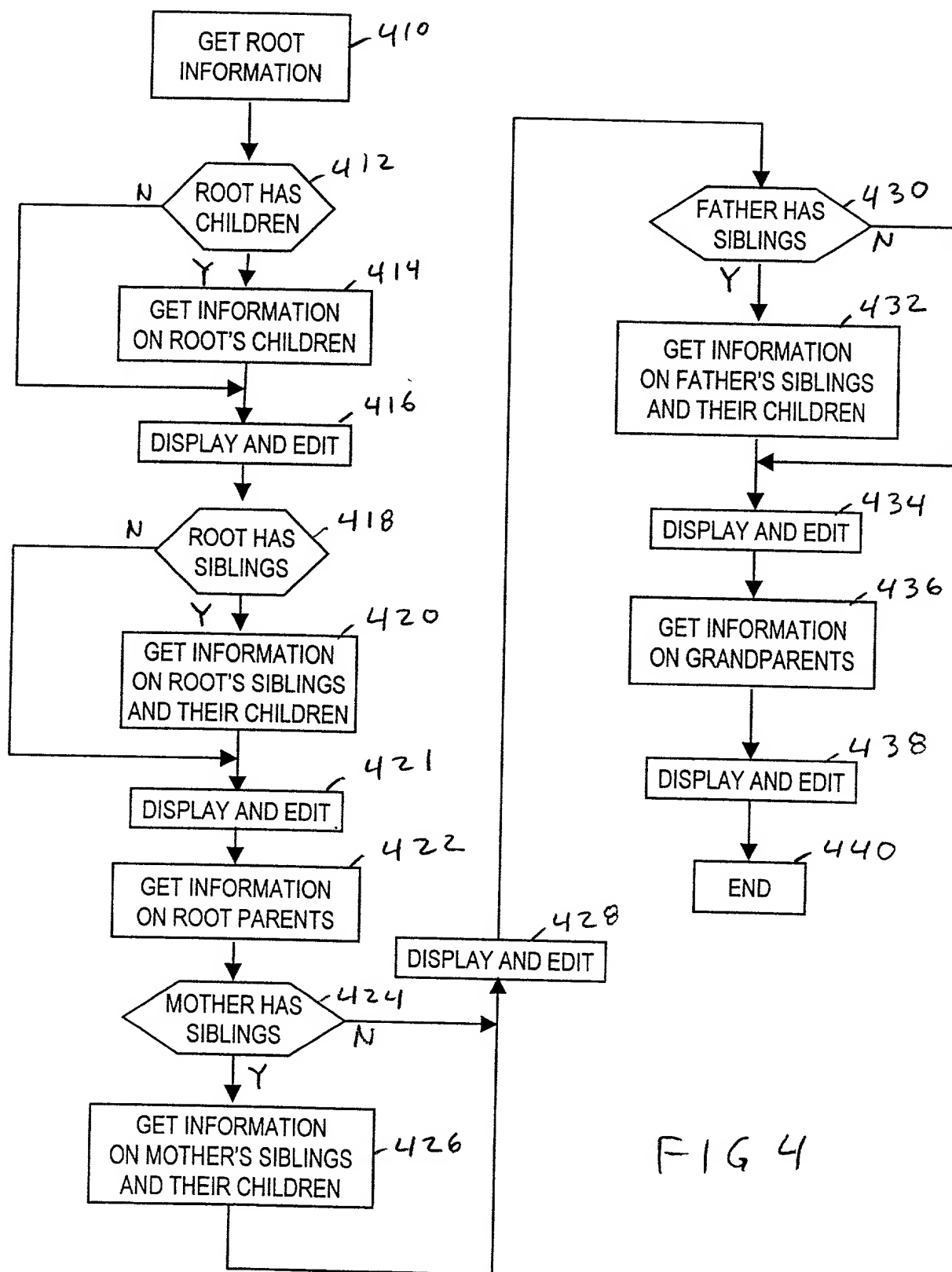


FIG 4

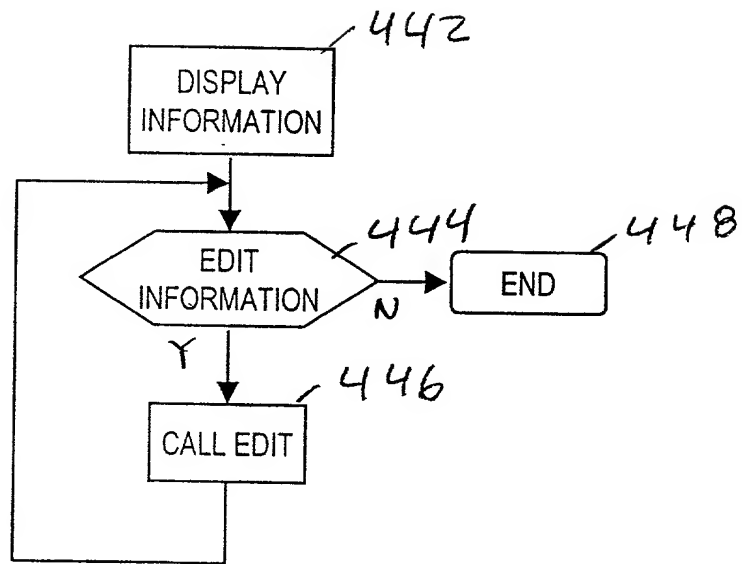


FIG 4A

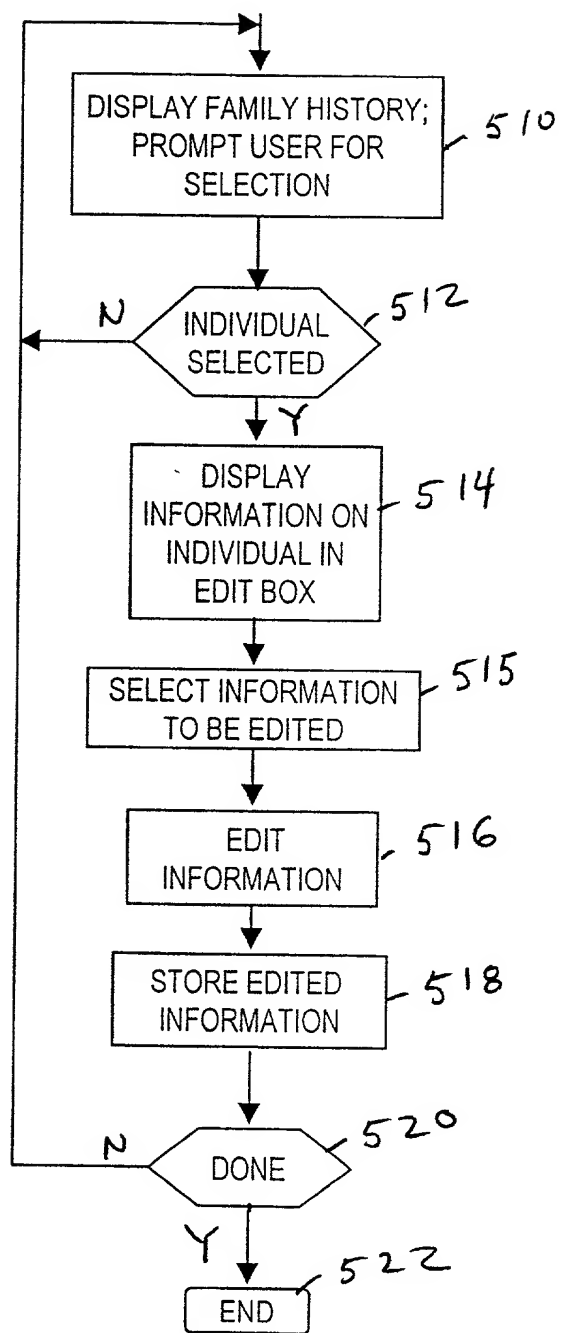


FIG 5

Editing Family History : knnigon/4 - Microsoft Internet Explorer

File Edit View Go Favorites Help

Back Forward Stop Refresh Home Search Favorites History Channels Fullscreen Mail Print

Address <http://demo.familygenetix.com/fgx/bluegrass/CreatePedigree.servlet>

☒ Brothers, sisters & children **These questions are about you**

☐ Mother's family

☐ Father's family

Personal Details

Name: - 610

Sex: ☒ Female ☐ Male - 612

Age (in years) at last birthday: Unknown ☒ - 614

Ethnicity: Unknown ☒ - 616

How many of the following blood relatives do you have? ☒

Brothers 0 Sisters 0 } 618

Sons 0 Daughters 0

Health History

Do you know about your cholesterol level? ☒ Yes ☐ No

Have you had a heart attack? (Myocardial Infarct) ☒ When aged Unknown

Have you any white deposits around the knuckles or achilles tendon? (Xanthomas) ☒

Have you any yellow deposits around the eyes? (Xanthelasmas) ☒

Company Info | Terms & Policies | Medical Advisors

Re-start Next Finish

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FIG 6A

These questions are about Andrew Barker's father .

Personal Details	
Name:	<input type="text"/>
Date of birth(mm/dd/yyyy)	<input type="text"/>
Is he alive?	Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/>
Medical Record number	<input type="text"/>
Check this box if you want to add information about this person's medical history	<input type="checkbox"/>

Cardiovascular Events	
Has he ever had a <u>heart attack</u> ?	Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/>
Has he ever had a <u>stroke</u> ?	Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/>

Surgeries	
Has he ever had <u>angioplasty</u> ?	Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/>
Has he ever had heart <u>bypass surgery</u> ?	Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/>
Has he ever had a <u>heart transplant</u> ?	Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/>

Tests and Test Results	
Has he ever had a <u>carotid ultrasound test</u> ?	Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/>
Has he ever had a <u>heart scan</u> ?	Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/>
Has he ever had a <u>thallium scan</u> ?	Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/>
Has he ever had a <u>treadmill test</u> ?	Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/>

Health and Medications History	
Has he ever been diagnosed with <u>diabetes</u> ?	Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/>
Does he have high blood pressure?	Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/>
Does he have a <u>thyroid disease</u> ?	Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/>
Does he have abnormal lipid levels in his blood?	Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/>

Physical Signs and Symptoms	
Has he ever had a <u>xanthoma</u> ?	Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/>
Has he ever had a <u>xanthelasma</u> ?	Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/>
Has he ever had an <u>arcus senilis</u> ?	Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/>

Lifestyle Risk factors	
Has he ever been overweight?	Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/>
Has he ever smoked?	Yes, currently <input type="radio"/> Yes, used to <input type="radio"/> No, never <input type="radio"/>
Does he exercise regularly 3-4 times a week at a level that brings his heart rate up for more than 30 minutes?	Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/>

Cardiac Risk Calculation	
Cardiac Risk Calculations	1. <input type="text"/> 2. <input type="text"/>

Laboratory Data	
Laboratory Data	<input type="text"/> <input type="button" value="New"/> <input type="button" value="Edit"/>

Remarks	
Extra information about this individual	
1.	<input type="text"/>
2.	<input type="text"/>

F1G 6B

Editing Family History : knnigon/4 - Microsoft Internet Explorer

File Edit View Go Favorites Help

Back Forward Stop Refresh Home Search Favorites History Channels Fullscreen Mail Print

Address: http://demo.familygenetix.com/igx/bluegrass/CreatePedigree.srvlet

☒ Brothers, sisters & children
☐ Mother's family
☐ Father's family

Personal Details

Name: 610

Sex: ☒ Male 612

Age (in years) at last birthday: 614

Ethnicity: 616

How many of the following blood relatives do you have?

Brothers: Sisters: 618

Sons: Daughters:

Health History

Do you know about your cholesterol level? ☒ Yes ☐ No

Normal ☒ 710 High ☐ 712

Test result known ☐ Please select ☐ milligrams/decilitre

When aged

Have you had a heart attack? (Myocardial Infarct) ☒ 622

Have you any white deposits around the knuckles or achilles tendon? (Xanthomas) ☐ 624

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FIG 7A

7C
70

FIG 7B

These questions are about Andrew Barker's father .

Personal Details

Name: David Barker
 Date of birth(mm/dd/yyyy) 01/12/1962
 Is he alive? Yes ☒ No ☐ Don't Know ☐
 Medical Record number 7485939374585
 Check this box if you want to add information about this person's medical history ☒

Cardiovascular Events

Has he ever had a heart attack? Yes ☒ No ☐ Don't Know ☐ At what age? 35
 Had more than one heart attack? Yes ☐ No ☒ Don't Know ☐
 Has he ever had a stroke? Yes ☐ No ☒ Don't Know ☐

Surgeries

Has he ever had angioplasty? Yes ☒ No ☐ Don't Know ☐ At what age? 35
 Had more than one angioplasty procedure? Yes ☐ No ☒ Don't Know ☐
 Has he ever had heart bypass surgery? Yes ☐ No ☒ Don't Know ☐
 Has he ever had a heart transplant? Yes ☐ No ☒ Don't Know ☐

Tests and Test Results

Has he ever had a carotid ultrasound test? Yes ☐ No ☒ Don't Know ☐
 Has he ever had a heart scan? Yes ☒ No ☐ Don't Know ☐
 Was test result abnormal? Yes ☒ No ☐ Don't Know ☐
 Has he ever had a thallium scan? Yes ☐ No ☒ Don't Know ☐
 Has he ever had a treadmill test? Yes ☐ No ☒ Don't Know ☐

Health and Medications History

Has he ever been diagnosed with diabetes? Yes ☒ No ☐ Don't Know ☐
 What type of diabetes was diagnosed? Type I ☐ Type II ☒ Don't Know ☐
 Has he ever taken any diabetes medication? Yes ☒ No ☐ Don't Know ☐
 Has he ever taken insulin to treat diabetes? Yes ☐ No ☒ Don't Know ☐
 Does he have high blood pressure? Yes ☐ No ☒ Don't Know ☐
 Does he have a thyroid disease? Yes ☐ No ☒ Don't Know ☐
 Does he have abnormal lipid levels in his blood? Yes ☒ No ☐ Don't Know ☐
 Does he take lipid-lowering medication? Yes ☒ No ☐ Don't Know ☐
 Select Drug : Niacin-Vit B3 Dosage : 1000-1999 mg
 Take other lipid-lowering medication? ☒
 Select Drug : Colestipol (Colestid) Dosage : 2 packets or scoops / day
 Take other lipid-lowering medication? ☒
 Select Drug : Lovastatin (Mevacor) Dosage : 36-45 mg
 Take other lipid-lowering medication? ☐

FIG 7C

10010706-1044

Physical Signs and Symptoms

Has he ever had a xanthoma? Yes ☒ No ☐ Don't Know ☐
Has he ever had a xanthelasma? Yes ☐ No ☒ Don't Know ☐
Has he ever had an arcus senilis? Yes ☐ No ☒ Don't Know ☐

Lifestyle Risk factors

Has he ever been overweight? Yes ☒ No ☐ Don't Know ☐
Is he currently considered overweight? Yes ☒ No ☐ Don't Know ☐
Has he ever smoked? Yes, currently ☐ Yes, used to ☒ No, never ☐
How long did he smoke for? 1-10 year(s)
How long ago did he stop smoking? 1-10 year(s)
Does he exercise regularly 3-4 times a week at a level that brings his heart rate up for more than 30 minutes? Yes ☒ No ☐ Don't Know ☐

Cardiac Risk Calculation

Cardiac Risk Calculations

1. 67
2. 234

Laboratory Data

Laboratory Data

11/30/2001

New

Edit

Remarks

Extra information about this individual

1.
2.

OK | Cancel

FIG 70

10010706-120403

Free form editing of Family History Diagram/3 - Microsoft Internet Explorer

Address: <http://demo.familygenetics.com/cgi-bin/genealogy/ScreenPage.asp?screen=1>

FamilyGenetics | Glossary | Feedback

Review Family History

Review, Modify, Add and Delete Individuals from your Family History

Help

Services | Care Centers | Features

- Brothers, sisters & children
- Mother's family
- Father's family

802

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818

820

822

824

826

828

830

Add/Delete Relative	Name: James	Health History
Summary	Current age: Unknown	No health history provided
Personal Details	Ethnicity: White (Northern European)	
Heart Attacks		
Cholesterol		
Physical Signs		

Key

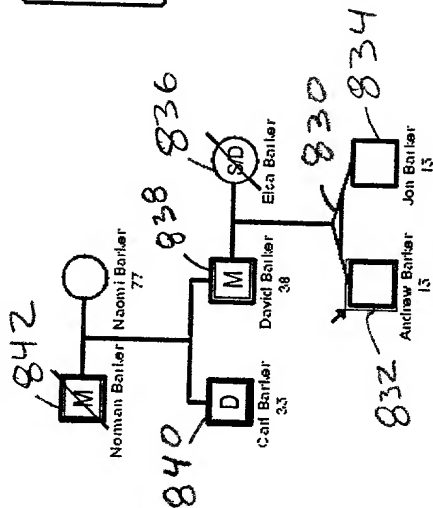
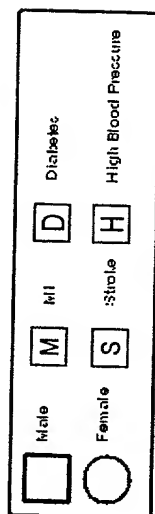
Male Female
You Affected
Twins Identical

Assess

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FIG 8A

I **O** **C**



Edit Family Structure		Edit Details		Show Summary
Add Brother	Add Parents	Add Son...	Edit Individual	Edit Family details
Add Son	Add Sister	Remove Individual		
	Add Daughter	Merge...	Add Daughter...	

Free form editing of Family History knmignon/3 - Microsoft Internet Explorer

Address: http://demo.familygenetics.com/igw/bluegrass/SelectPedigreeServlet

Review Family History

Review, Modify, Add and Delete Individuals from your Family History

Help Services Care Centers Features

Brothers, sisters & children

Mother's family

Father's family

809 910 912 914

Name: Arthur

Alive: Yes No Unknown

Ethnicity: White (Northern European)

Is a twin: Is not a twin

Current age: 914

Identical: Not identical

Save Restart Assess

Key: Male Female You Affected Identical

Undo Company Info Terms & Policies Medical Advisors

FIG 9A

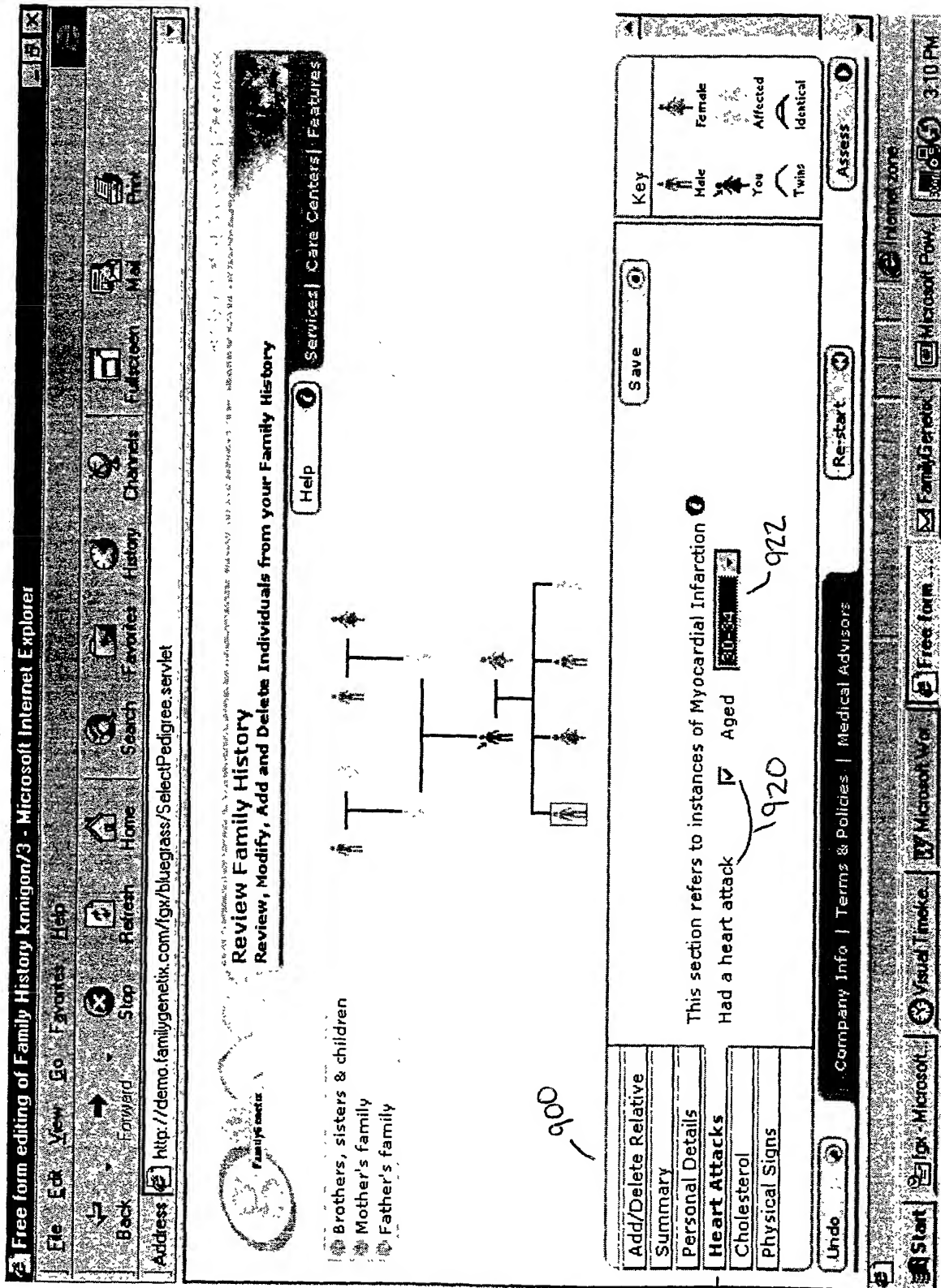


FIG 9.B

Family Genetix Risk Report - Microsoft Internet Explorer

Address

http://demo.familygenetix.com/fgw/bluegrass/Analyse.servlet

Back

Forward

Stop

Home

Search

Print

Help

Inherited High Cholesterol Risk Report

Inherited high cholesterol risk report: Summary

Services

Care Centers

Features

Risk Summary

Family History

Heart Disease Risk

Effects on your family

Managing your risk

Next Steps

1000

Re-start

Assess

Edit Details

Print Preview

Increased risk

1010

The symbol above gives an indication of the level of risk you carry of developing ischaemic heart disease during your life. This has been calculated on the basis of the family history you have provided.

Your family history suggests that you may be at increased risk of inherited or familial hypercholesterolemia (FH). This may also mean that you carry a risk of ischaemic heart disease and "heart attack" also known as myocardial infarct (MI).

Current guidelines suggest that you should discuss your family history further with your doctor and ask to have your cholesterol checked.

It would be worth discussing other factors that may also increase your risk of heart attacks or angina.

1014

1016

If you do have FH there is effective treatment available that will reduce your risk of developing angina or having a heart attack.

You may want to book a rapid access appointment with our online counselor. The online counselor, with your permission, will receive a copy of this report and your family history. They will be able to offer further guidance.

1020

1018

Start

Report

My Genetix

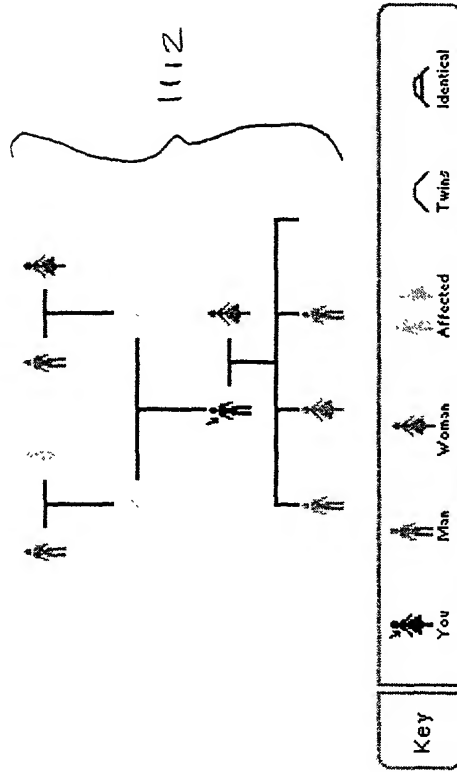
Family Genetix

FIG 10



Your family history suggests that you may have inherited a gene that causes you to have a high level of cholesterol in your blood.

If you have inherited familial hypercholesterolemia (FH) then you are at greater risk of heart attacks or. angina . The diagnosis of FH can only be confirmed by having some blood tests .



Your family history: This diagram shows the structure of your family. The position of your relatives who have been affected by this condition are identified within this structure [Yellow]. Your position in the structure is also shown [black with an arrow to the top left]. Refer to the "Key" above for further help in interpreting the diagram.

- James's eldest son had xanthelasma
- James's eldest son had a heart attack
- James's eldest son has high cholesterol
- James's mother had xanthelasma
- James's mother had a heart attack
- James's mother has high cholesterol

FIG 11

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Name: David Barker	Relationship: patient's Father	MR#: 87456387	DOB: 12/11/1962										
Cardiovascular events:	Had an MI aged 35.0. Don't know if had a stroke.												
Surgeries:	Don't know if has had angioplasty . Had a heart bypass aged 35.0. Don't know if had a heart transplant.												
Diagnoses:	Don't know if has high blood pressure. Don't know if has diabetes. Don't know if has a thyroid disease. Has a lipid disease. Takes Colestipol/Scoops(3), Lovastatin/mg(48-55) for it.												
Tests:	Don't know if has had a cardid ultrasound test . Has had a heart scan, result was abnormal . Has had a thallium scan, result was abnormal . Don't know if has had a treadmill test .												
Symptoms:													
Risks:	Don't know if exercises regularly Has been overweight Is currently overweight Never smoked												
Cardiac risk calculations	1: 2:												
Comments													
Laboratory Results													
Date of lab	Chol	Trig	HDL	LDL	Lp(a)	Homocyst	Cardio CRP	CPK	AST	ALT	TSH	Glucose	HbA1C
11/30/2001	Normal	Normal	Not Done	34.0mg/dL	Abnormal	Abnormal	Abnormal	Not Done	Abnormal	Not Done	Abnormal	Not Done	Not Done

FIG 12